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PADEMAN				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/0		10/017,755	017,755	
FEE TRANSMITTAL For FY 2006				Filing Date Octo		October 30	ctober 30, 2001	
				First Named Inventor T. S		T. Shimizu	Shimizu	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name S. Ti		S. Tran	Tran	
			Art Unit	1615				
TOTAL AMOUN	OF PAYMENT (\$	1810.00	0	Attorney Docket No. 252		2522 US2P		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 500799 Deposit Account Name: Takeda Pharmaceutical Company								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES								
	FILING	FEES <u>Smail Entity</u>	SEAF	RCH FEES Small Entity	EXAM	INATION F <u>Smaii Er</u>		
Application 7	<u>ype Fee (\$)</u>	Fee (\$)	<u>Fee (\$</u>		<u>Fee</u>			Fees Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		·
Provisional	200	100	0	0	(	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description						<u>Fee</u> 5		Fee (\$) 25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							0	100
Multiple der			36		180			
Total Claims				Paid (\$)			Muitiple Dependent Claims	
	0 or HP =	_ x	_= _			Fee	(\$)	Fee Paid (\$)
HP = highest nur Indep. Claims	nber of total claims paid Extra Clai	-		Paid (\$)				<u></u>
3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): Petition for Extension of Time (1020.000) and RCE (790.00) 1810.00								
SUBMITTED BY								
Registration No. (Attorney/Agent) 43,032 Telephone 847-383-3391								

Date Name (Print/Type) Elaine M. Ramesh, Ph.D., JD

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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